

# Burden of Risky Alcohol Use

La Crosse County

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Changing the Culture of Risky Drinking Behavior Coalition,  
a Partnership between the La Crosse Medical Health Science Consortium, and the Injury  
Research Center at the Medical College of Wisconsin

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# Executive Summary

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Alcohol use and misuse has long been documented as a serious concern for residents of Wisconsin. La Crosse County is known for having one of the state's highest binge drinking rates. A series of alcohol-related drownings and other deaths in the past 2 decades has brought community and media attention to the issue of risky alcohol use in the La Crosse area. This report will summarize some of these harms to the individual, as well as its impact on the community. This is the second burden of risky alcohol use report for the La Crosse community. The report will update information from the previous report<sup>1</sup> as well as introducing new data on risks, harms and progress made towards creating a safer community.

## Burden to the Individual:

- Between 25 and 33 percent of La Crosse County youth are exhibiting risky alcohol use behaviors. Risky alcohol use appears to be associated with other risky behaviors in general. La Crosse County students reported the same or fewer unhealthy behaviors compared to the state and nation.
- There are many issues that negatively affect the health of students at La Crosse college campuses; however, alcohol use is the most popular drug of choice. Overall, 64% of college students report drinking alcohol in the past month, and 36% report binge drinking in the past 2 weeks. There are many self-reported negative consequences of alcohol use that affect students' ability to learn.
- Between 18 and 35% of adults in La Crosse County binge drink. Wisconsin's rate of binge drinking is the highest in the nation; which leads to many significant health and economic consequences.
- The rate of alcohol-related injuries treated in the emergency room or requiring a hospital admission appears to have declined for La Crosse County residents since the previous report.
  - The rate of ER visits for injuries that were alcohol-related went from 3.8% of injuries to 2.4%, and the rate of hospital admissions for injuries that were alcohol related declined from 17.1% to 13.7%.
  - Declines were seen for those at highest risk, 12-24 year old residents, but also for those over the age of 25 years.
- The rate of alcohol-related motor vehicle crashes (MVCs) appears to have declined by 25% for La Crosse County residents since the previous report.
  - Crashes are more likely to occur among the youngest, most inexperienced drivers. These drivers are also more likely to crash on local or state highways, with poorer conditions and at higher speeds. These crashes are also more likely to lead to incapacitation. Despite this, the alcohol-related MVC crash fatality rate for La Crosse County is lower than the state's rate, which is also declining.
- The rate of all injury-related deaths (without regard to alcohol use) has increased for La Crosse County residents between 2003-2006 and 2007-2010; however, this increase occurred in the age group *least* likely to be affected by alcohol. The rate of deaths from liver cirrhosis increased in 25-64 year-old adults by 50%.
- Regarding all deaths occurring within La Crosse County,
  - The rate of alcohol-related deaths in 15-24 year olds has decreased substantially from 2004-2007, in which there were 14 deaths, compared to 4 deaths from 2008-2011. There has been only 1 alcohol-related drowning since 2007.
  - Unfortunately, alcohol played a significant role in the deaths of an additional 88 people in La Crosse County in 2008-2011; 71 occurring in adults between 25 and 65 years of age, and 17 occurring in adults

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<sup>1</sup> available at <http://goo.gl/79oq7>

over age 65. A majority of deaths due to alcohol were for adults suffering from chronic alcohol abuse. Data regarding deaths from 2004 to 2007 was not available for adults over age 25 so a comparison is not possible.

- The first few months in 2012 suggest a significant increase in the number of alcohol-related deaths and a significant trend towards alcohol being used in combination with other drugs.

### **Burden to the Community:**

- The number of alcohol related citations occurring in the county of La Crosse has declined from 2007 to 2010.
  - Driving while intoxicated (DWI) arrests have declined by 7% from 2007 to 2010. Liquor law violations have declined by 28%. This decline has been seen in almost all municipalities within the county, with the exception of Onalaska and the campus of UW-La Crosse.
  - Underage consumption comprises approximately 65% of all alcohol-related citations. Males are more likely than females to be cited for alcohol violations; however, females that are aged 17-20 are more likely than females of any other age group to receive a citation.
- The cost of alcohol-related problems of underage or driving-while-intoxicated citations, and for motor vehicle crashes for La Crosse County *residents* for 1 year, ranges from \$10 million to \$14.6 million per year. This does not count emergency room visits or hospitalizations for other alcohol-related injuries, or other alcohol-related citations and crime, nor does it count for the cost of treatment of chronic alcohol abuse.

### **Assets in the Community – Our Ability to Address the Problem**

- The inventory of existing community resources to address the alcohol issue covers a wide range of prevention, treatment and recovery services. Making significant progress on alleviating the burden of alcohol in our community requires the engagement of all of our community's resources.
- Having an inventory of current alcohol policies by municipality is important to examine differences between communities. A determination of the most effective strategies, overall support for strategies, and difficulty in implementing strategies would be necessary to determine next steps for prevention for the community.
- Compliance studies are time- and resource-intensive, but are important to reducing underage alcohol consumption. In La Crosse County the ability for persons under the age of 21 to purchase alcohol from retail outlets has decreased substantially from 2005.
- In general, there is moderate to strong support for strategies to control illegal or risky alcohol use. Some strategies, such as conducting compliance checks and increasing the penalty for drinking and driving, have had community discussion. Some strategies being adopted in other Wisconsin communities, such as a social host ordinance or an alcohol review board, are newer to community members in La Crosse. Despite this, there is still moderate support for these policies and general agreement that underage and binge drinking is not acceptable.

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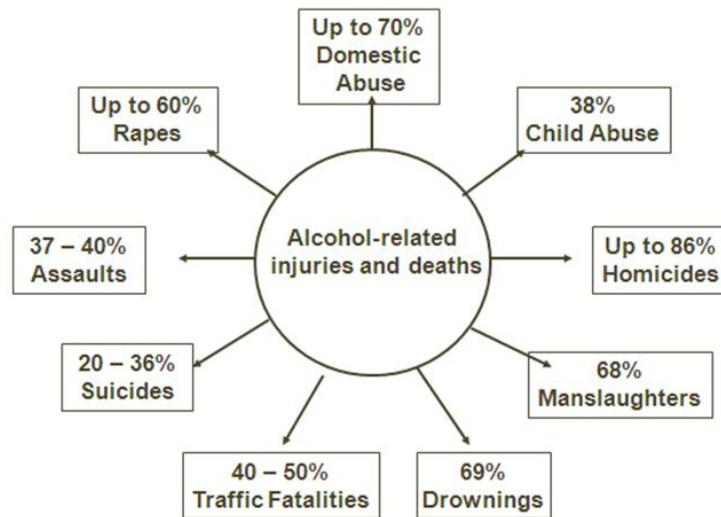
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# Introduction

The city of La Crosse, Wisconsin, located on the banks of the Mississippi River, has always had alcohol ingrained into its history as a community. In 1858, two German immigrants, Gotlieb Heileman and John Gund, started a small Brewery in La Crosse. By 1983, Heileman Brewing was the fourth largest brewery in the United States and had become a billion dollar company, one of the largest in La Crosse, employing more than 1,700 people. Wisconsin and La Crosse are approaching two centuries of brewing, a working-class means of financial survival that has engendered a culture of permissive alcohol use. The G. Heileman Brewery and the La Crosse Chamber of Commerce created Oktoberfest in La Crosse in 1960 as a working-class festival with a commercialized tourist event to showcase local businesses and products.

Coupled with the over-consumption of alcohol imbedded in La Crosse culture through its history comes a burden of alcohol-related injury and mortality much higher than in the state of Wisconsin as a whole. Injuries and mortalities as a result of over-consumption of alcohol in La Crosse have gained wider public recognition and media attention as a result of at least 9 alcohol-related drowning deaths in the past decade. Alcohol use and misuse is the third leading cause of preventable deaths nationwide. Risky alcohol is a concern to a community, as it is related to a variety of issues around injury and violence. See Figure 1. Up to 70% of drownings, domestic abuse and manslaughters involve alcohol use. At-risk use of alcohol is associated with 60% of rapes, 20-40% of suicides, and 40-50% of traffic fatalities.

**Figure 1. Impact of At-Risk Alcohol Use and Abuse**



Source: Cisler RA, Hargarten SH. Public health strategies to reduce and prevent alcohol-related illness, injury and death in Wisconsin and Milwaukee County. WMJ 2000; 99 (June): 71-78.

# Burden to the Individual

This section will describe the use of alcohol among people living in our community and the resulting problems that may arise from risky use or misuse of alcohol.

## Risky Alcohol Use Among Adolescents:

For the first time in 2010, a majority of La Crosse County public schools participated in the Youth Risk Behavior Survey (YRBS), providing statistics on a variety of health behaviors for youth. This survey, a nationally-developed and state-implemented survey is voluntary for schools to complete. The survey process was directed by the U.S. Centers for Disease Control and Prevention (CDC), coordinated locally by CESA #4, and administered by each local high school. Survey procedures were designed to protect the privacy of students by allowing anonymous and voluntary participation. Parent permission procedures were followed before administration, including informing parents that their child’s participation was voluntary. Students completed a self-administered, anonymous, 99-item questionnaire. The school response rate was 83% with 5 of the 6 sampled schools participating. The student response rate was 92%, with 1,144 of the 1,245 sampled students submitting questionnaires. The overall response rate of La Crosse County youth was 76% (calculated by multiplying the school response rate by the student response rate: 83% x 92% = 76%). Demographics of those sampled are shown in Table 1. The report<sup>2</sup> summarizes findings from eight priority areas: protective assets, traffic safety, weapons and violence, suicide, tobacco use, alcohol and other drug use, sexual behavior, and nutrition and exercise.

**Table 1. Demographics of Youth Risk Behavior Survey (YRBS) Participants**

	Female	Male	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Black*	Hispanic/ Latino	White*	All Other Races	Multiple Races
<b>Number</b>	563	573	259	345	294	231	39	48	902	95	29
<b>Percent</b>	47.8	52.2	22.3	25.9	25.8	25.9	1.8	2.1	84.5	10.2	1.3

\*Non-Hispanic

Based on all the questions asked regarding alcohol use, two summary scores were determined and described in Table 2. (If individuals reported both riding and driving after drinking, they were placed in the “drive” category. Similarly, if they reported binge drinking and having at least one drink in the past 30 days, they were placed in the higher risk “binge” category.)

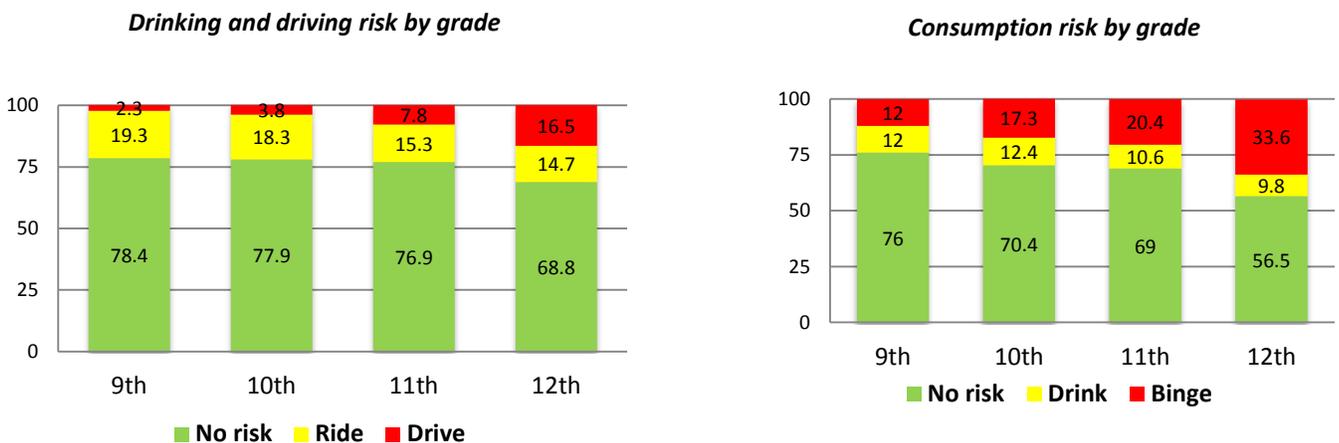
<sup>2</sup> Available at [www.cesa4.k12.wi.us/programs/inst/SHSC/10executivesummary.pdf](http://www.cesa4.k12.wi.us/programs/inst/SHSC/10executivesummary.pdf).

**Table 2. YRBS - Alcohol Risk Scores: Drinking and Driving Risk and Consumption Risk**

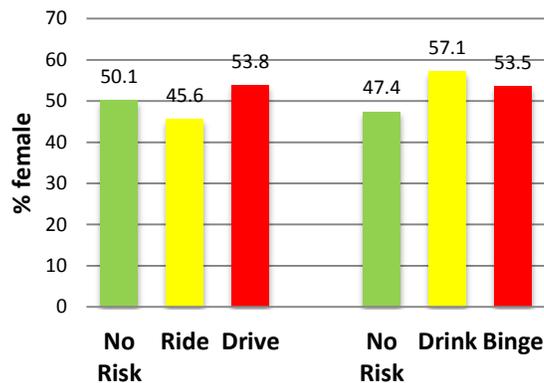
<i>Drinking &amp; Driving Risk</i>			<i>Consumption Risk</i>		
<i>Category</i>	<i>Description</i>	<i>%</i>	<i>Category</i>	<i>Description</i>	<i>%</i>
<b>No Risk</b>	Neither drove or rode with someone who had been drinking (HBD)	<b>75.7%</b>	<b>No Risk</b>	No drinks in the past 30 days	<b>68.3%</b>
<b>Ride</b>	Rode with someone who HBD	<b>17.2%</b>	<b>Drink</b>	At least one drink in the past 30 days	<b>11.3%</b>
<b>Drive</b>	Drove after drinking	<b>7.1%</b>	<b>Binge</b>	Binge drank in the past 30 days	<b>20.4%</b>

Overall, **7% of youth drove after drinking** in the past 30 days, and an additional 17% had ridden with someone who had been drinking (lower than WI and national averages). **Twenty percent of La Crosse County youth reported binge drinking**, and an additional 11% admitted to drinking some alcohol in the past 30 days (also lower than WI and national averages). These alcohol risk summary scores were compared by demographic and other health behaviors. Overall, drinking and driving, and binge drinking risk increased with age (grade), and there was no statistical difference in risky alcohol use by gender (Figures 2 and 3).

**Figure 2. YRBS - Alcohol risk by age**

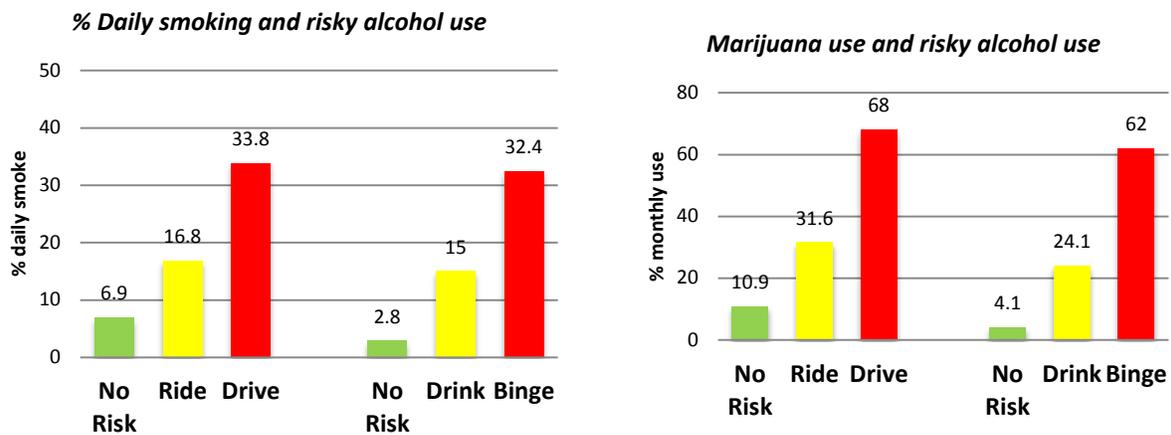


**Figure 3. YRBS- Alcohol risk by gender**



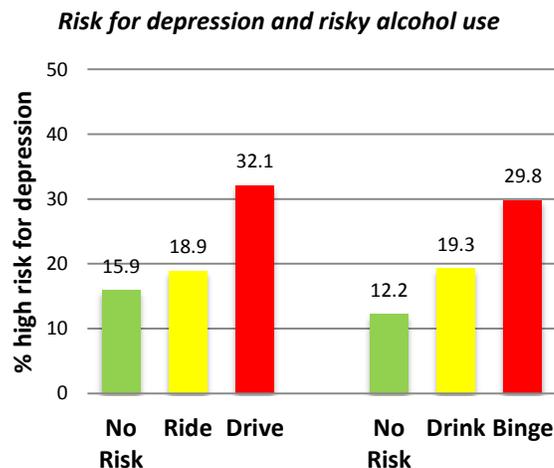
Other health behaviors were examined along with these alcohol risks to determine if alcohol use is more common among high risk youth in general, or if alcohol use is prevalent among all students regardless of other behaviors. Daily smoking rate increased with increasing risk of alcohol use. As risky alcohol use increased, so did the likelihood of marijuana use in the past 30 days. Over 60% of those who had driven after drinking or binge drinking reported smoking marijuana in the past 30 days, compared with 5-10% of those with low risk for alcohol use (Figure 4).

**Figure 4. YRBS- Alcohol Risk by Tobacco and Marijuana Use**



The risk for depression increased as the likelihood of drinking and driving and binge drinking increased (Figure 5). Overall, 32.1% of students who reported drinking and driving and 29.8% of students who reported binge drinking were at high risk for depression (had planned or attempted a suicide).

**Figure 5. YRBS - Alcohol Risk by Mental Health Risk**



## Other findings:

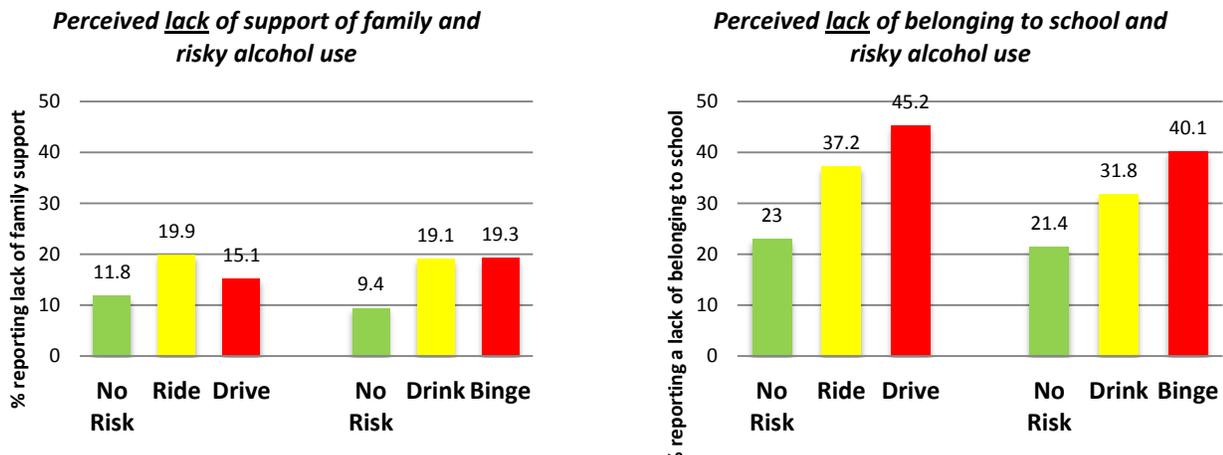
As alcohol risk increased:

- There was a higher rate of self-reported use of other drug use (including over the counter, prescription, steroid, meth, ecstasy, huffing),
- There was a higher rate of unsafe methods to lose/control weight (fast, laxatives, diet pills, vomit),
- There was a higher rate of soda pop consumption,
- There was a higher rate of spending 3+ hours on the computer per day,
- There was a lower rate of students meeting physical activity goals, and
- There was a lower rate of being in a school sport.

## Perceived Support and Belonging and Alcohol Use:

Finally, the YRBS report summarizes youth-perceived support of family and sense of belonging to school, and their relationship to alcohol use. Students who exhibited higher alcohol risks were more likely to report less family support. Nearly 20% of those who had at least one drink or reported binge drinking within that past month reported disagreement with the statement “my family loves and supports me when I need it”. Nearly half of those who reported drinking and driving, and 40% of those that reported binge drinking in the past month, were more likely to report a lack of belonging to school (Figure 6).

**Figure 6. YRBS - Alcohol Risk by Family and School Support/Belonging**



### **Summary of Risk to Adolescents:**

La Crosse County high school students reported the same or fewer unhealthy behaviors than the state and nation; however, **between 25 and 33 percent of youth are exhibiting risky alcohol use behaviors**. Risky alcohol use appears to be associated with other risky behaviors in general.

## **Risky Alcohol Use Among College Students:**

Periodically, the three institutes for higher learning in La Crosse participate in a national survey known as the National College Health Assessment (NCHA). It is a nationally recognized research survey of college students covering a variety of health issues including: alcohol, tobacco, other drug use, sexual health, weight, nutrition, exercise, mental health, personal safety and violence. Locally, college students are encouraged to complete the survey online. In 2010, data were combined from all three colleges in La Crosse to produce an all-community report on college student risk behaviors. It combined data from 2008 and 2009 and compared data to a national benchmark in 2009. Viterbo University and Western Technical College also repeated this survey in 2011, and these results are compared to a 2011 national benchmark. (The University of Wisconsin-La Crosse students have not completed the survey since spring of 2008.) Results included surveys from 1682 students in the combination of 2008-2009 survey, and 1786 students in the combination of 2011 surveys (See Table 3).

**Table 3. National College Health Assessment (NCHA)- Survey Methodology Description**

Population	2008/2009 N=1682		2011 N=1786	
	Survey time frame	Number responding	Survey time frame	Number responding
<b>Viterbo University</b>	Spring 2009	541	Spring 2011	764
<b>Western Technical College</b>	Fall 2008	750	Fall 2011	1022
<b>University of Wisconsin-La Crosse</b>	Spring 2008	391	Not done	
<b>Benchmark</b>	Spring 2009	87,105	Spring 2011	105,781

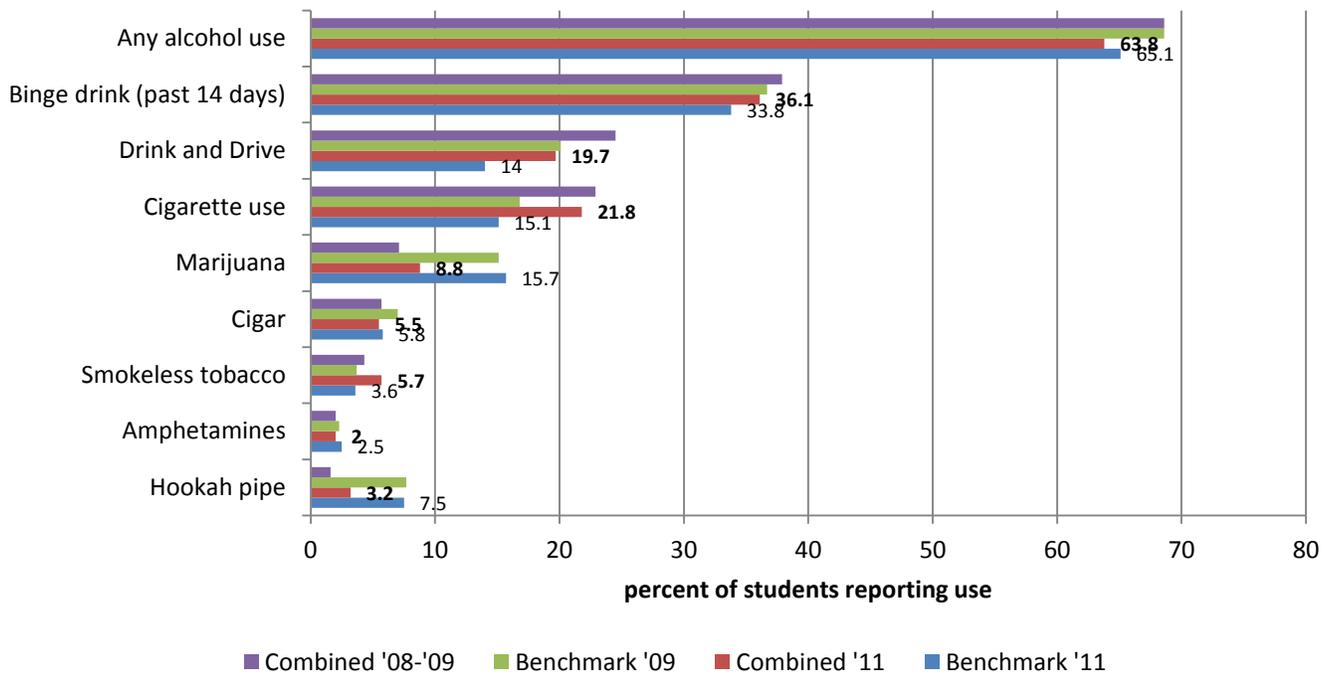
The sample demographics for the 2011 combined survey, compared to the national benchmark are shown in Table 4. Overall, the data from La Crosse was more likely to be older and female than the national data, most likely due to sampling a non-traditional 2-year technical college (an older population), and private university (more female).

**Table 4. NCHA - Survey Demographics**

	Viterbo University	Western Technical College	Total Combined Sample		Benchmark - Spring 2011
<b>Respondents</b>	764	1022	1786		105781
<b><u>Age</u></b>					
<b>18-20</b>	310	365	675	37.8%	43.9%
<b>21-24</b>	194	226	420	23.5%	33.5%
<b>25-30</b>	87	192	279	15.6%	12.9%
<b>31+</b>	166	231	397	22.2%	7.6%
<b><u>Gender</u></b>					
<b>Male</b>	147	325	472	26.4%	33.8%
<b>Female</b>	610	681	1291	72.3%	63.9%

Alcohol and other drug use for the combined data are shown in Figure 7. Alcohol use is the most common drug reported from all college students, with nearly **two-thirds** of students reporting *at least* one drink of alcohol in the past 30 days. In the national survey, 65.1% of college students reported any alcohol use in the past 30 days. Over one-third (**36%**) of students reported **binge drinking** in the past 14 days in La Crosse colleges, compared to 33.8% of students nationally. Drinking and driving rates were higher among La Crosse students as well, with nearly **one in five students reporting driving after drinking** in the past 30 days. While these rates are higher than the National benchmark, they have declined since the previous survey. Tobacco use is higher in La Crosse college students as well; however, most other drug use is less than the national data.

**Figure 7. NCHA - Alcohol and Other Drug Use - Past 30 Days**

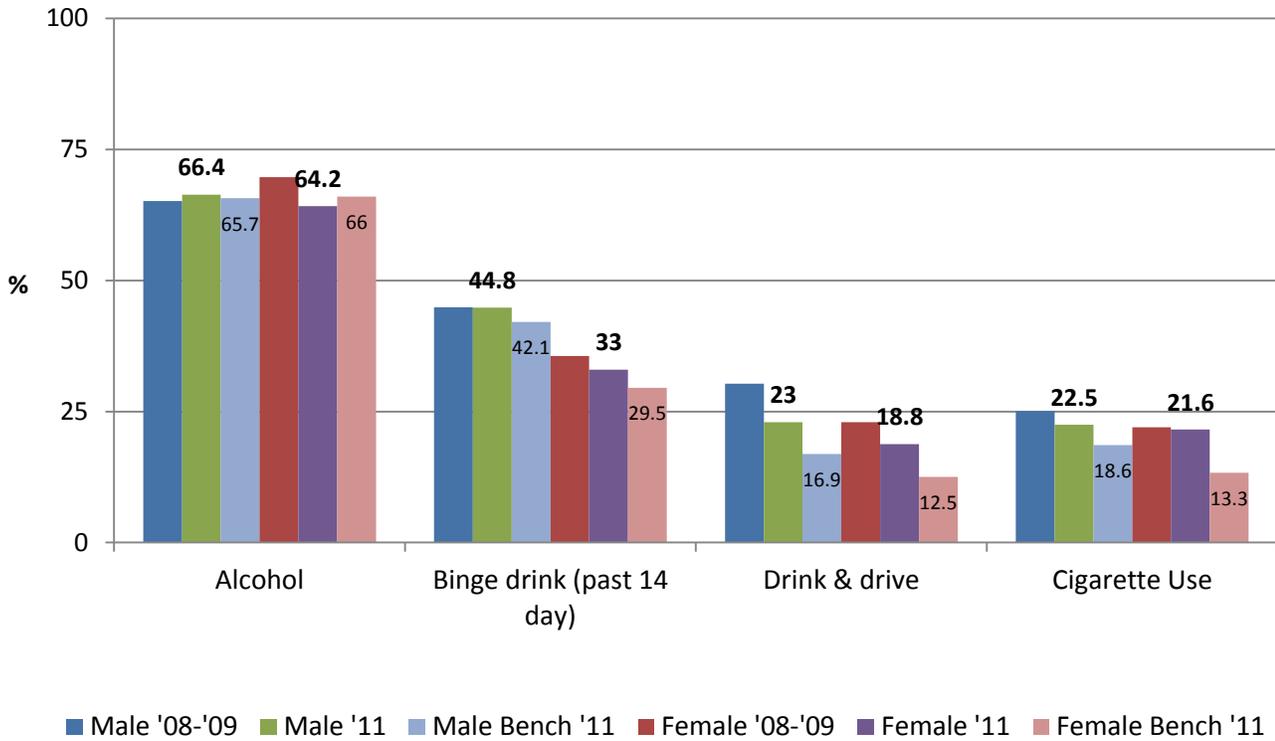


Alcohol use was examined for males and females separately. See Figure 8. Males were slightly more likely to report any alcohol use, binge drinking or drinking and driving than females among the La Crosse students. Male rates were also higher than the national sample’s gender-specific data. There was little change in self-reported use between survey years.

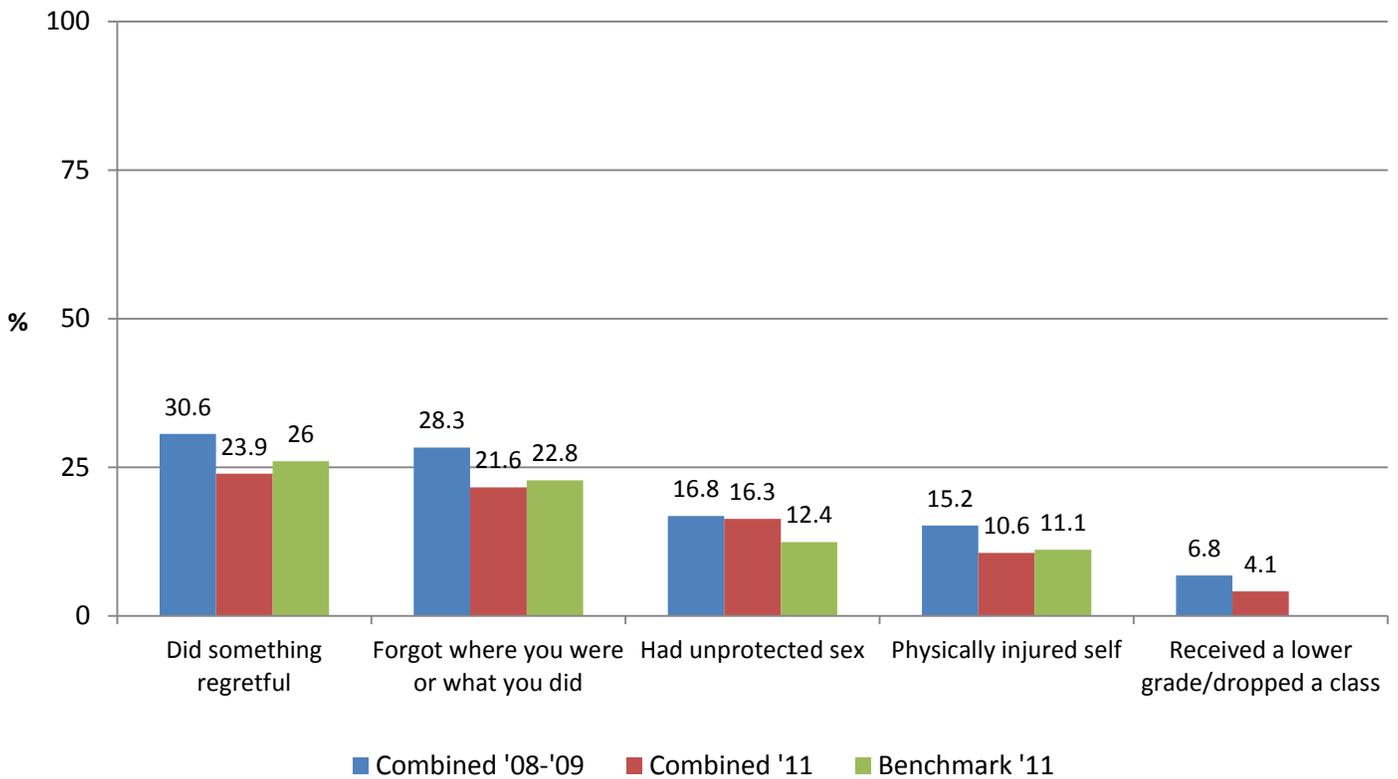
Data on the negative consequences of risky alcohol use are shown in Figure 9. About 25% of respondents reported doing something regretful as a result of their alcohol use. One in five admitted to forgetting where they were or what they had done as a result of their drinking. Unprotected sex was reported among 16% of students. Ten percent of students reported injuring themselves. Finally, 4% of students reported alcohol affecting their course work either by negatively affecting their grade or having to drop a class.

Table 5 shows other health risks of these college students. In general, college students in La Crosse tend to report worse health habits (less fruit and vegetable consumption, less exercise, more overweight, and less likely to wear a helmet or seatbelt) than the national benchmark. They were also more likely to report violent acts than the national benchmark (physical fight, assault and emotional abuse). Mental health issues were fairly similar in local students compared to the national sample, except more La Crosse college students reported past and current treatment for depression.

**Figure 8. NCHA - Alcohol and Tobacco Use by Gender**



**Figure 9. NCHA - Consequences of Risky Alcohol Use**



**Table 5. NCHA - Other Health Risk Behaviors (% reporting)**

	Combined '08-'09	Combined '11	Benchmark '11
<b>Health Habits</b>			
< 5 fruits & vegetables/day	94.4	95.6	92.9
< 5 days/week exercise	86.8	83.1	79.2
Very overweight	7.2	10.2	4.4
Trying to lose weight	56.6	58.8	51.3
Wear a seatbelt (never/rarely)	4.8	3.6	2.2
Wear a helmet (never/rarely)	76.4	40.5	28.6
<3 days/week get enough sleep	40	59.7	56.5
<b>Violence</b>			
Physical Fight	5.3	7.1	6.3
Assaulted	4.2	4.2	4.0
Emotionally abusive relationship	13.7	12.8	9.7
<b>Mental Health</b>			
Overwhelmed	89.4	84.5	85.1
Exhausted	81.1	77.9	80.4
Very lonely	19.4	48.7	56.5
Very sad	62	54.4	60.0
Hopeless	46.2	42.3	44.4
Overwhelming anxiety	44	46.4	49.8
Tremendous stress	8.7	9.6	10.1
Felt depressed	29.9	27.5	30.6
Ever diagnosed	24	27.7	18.1
Current treatment for depression	13.4	16.6	10.6
Considered suicide	5.7	6.2	6.3
Attempted suicide	1.1	1.1	1.0

**Summary of Risk to College Students:**

There are many health issues affecting students at La Crosse campuses; including **alcohol use and its related impacts**. Overall, **64% of college students report drinking alcohol in the past month; 36% report binge drinking in the past 2 weeks**. These rates have declined slightly since the previous survey. There are many self-reported negative consequences of alcohol use that affect student's ability to learn. Other health measures are suggesting a less than healthy culture.

## **Risky Alcohol Use Among Adults:**

Wisconsin was the highest ranked state for binge drinking in 2010 according to the most recent summary of national statistics on alcohol use among adults. (CDC). Overall **25.6% of Wisconsin adults** surveyed reported binge drinking (four or more drinks on an occasion for females, five or more drinks on an occasion for males) in the past 30 days. This study also reported that adults who binge drink do so frequently (an average of 4.8 times per month), and with high intensity (an average of 9 drinks on one occasion.) The national data shows higher binge drinking among persons aged 18-24 years, decreasing thereafter. However, there was a high rate of binge drinking among adults aged 65 and over. Binge drinking is also most common among high income ( $\geq$  \$75,000) and low income ( $<$  \$25,000) adults. (CDC)

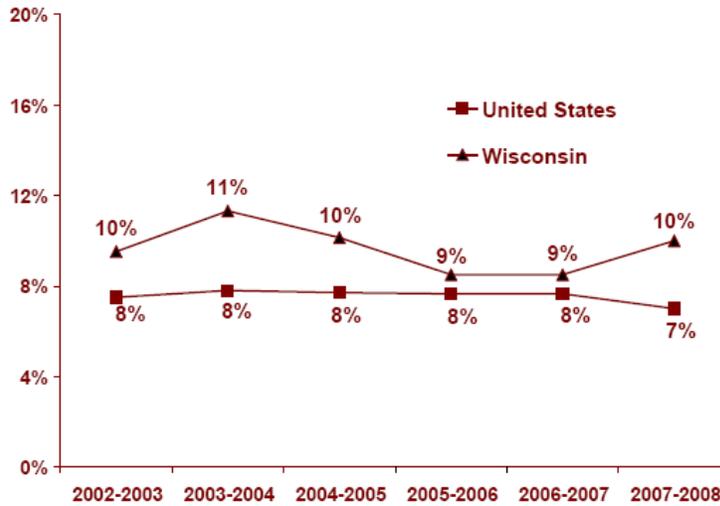
Wisconsin's 2010 Epidemiological Profile on Alcohol and Other Drug Use presents data on the use and abuse of alcohol and other substances in Wisconsin and the resulting consequences. Due to small survey samples, multiple years are combined for this report, and are for years earlier than the national report. In this report summarizing the prevalence of binge drinking by Wisconsin counties, the rate for adults in **La Crosse County was 18% and lowest** among the surrounding counties and the statewide average for the same time (Table 6). This data is most likely an underestimate of the binge drinking rate for La Crosse County adults, since the sample size is so small and obtained via telephone survey. The Wisconsin 2010 Epidemiological Profile also summarized the rate of alcohol dependence and abuse for the state of Wisconsin compared to the United States (Figure 10), showing that alcohol dependency in Wisconsin is also higher than the national average.

**Table 6. Adult Binge Drinking Rates for Wisconsin Counties**

County	2004-2006	2005-2007
<b>La Crosse</b>	19%	18%
<b>Monroe</b>	26%	25%
<b>Trempealeau</b>	25%	22%
<b>Vernon</b>	23%	26%
<b>State average</b>	23%	23%

Source: WI 2010 Epidemiological Profile on Alcohol and Other Drug Use.

**Figure 10. Prevalence of Alcohol Dependence and Abuse age 12 and older, Wisconsin and the United States, 2002-2008**



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

In one local survey of employees at a large worksite in La Crosse in 2011 (n=2936), the average binge drinking rate among adults was 35%. The binge drinking rate was 57% among 18-25 year old adults and 34% among adults over 26 years of age (Table 7). This data is gathered anonymously annually to monitor health related behavior. Comparing binge drinking behavior to other health behaviors illustrated that among the younger binge drinker, *there were no differences in other health behaviors*. However, among the adults over age 25, binge drinking behavior appears to be more common in obese adults, those that rate their overall health worse, those that use tobacco, and who report less fruit and vegetable consumption. These findings are large enough to be generalizable to the working population in La Crosse County.

**Table 7. 2011 Binge Drinking Rates by Select Characteristics –  
La Crosse Employer Study (n=2936)**

	≤ 25 years	26+ years
<b>Binge Drinking Rate</b>	<b>57.4%</b>	<b>33.8%</b>
<b>Gender</b>		
Female	54.8%	34.3%
Male	72.7%	31.3%
<b>Obesity</b>		
Normal/Overweight	55.6%	32.4%
Obese	64.5%	36.7% <sup>1</sup>
<b>Self-Rated Health</b>		
Excellent/Very Good	52.9%	30.9%
Good/Fair/Poor	63.9%	39.8% <sup>1</sup>
<b>Excess Stress</b>		
Low Stress	57.0%	33.4%
Excess Stress	58.3%	34.4%
<b>Depression</b>		
Low Risk	56.7%	33.4%
Probable Depression	64.3%	37.0%
<b>Tobacco Use</b>		
No tobacco use	55.3%	31.0%
Tobacco user	78.6%	55.5% <sup>1</sup>
<b>Physical Activity</b>		
Active (≥3 days/week)	57.6%	33.7%
Sedentary (<3 days/week)	60.0%	33.9%
<b>Fruits &amp; Veggies</b>		
5+/day	52.4%	28.4%
<5/day	<b>58.3%</b>	35.2% <sup>1</sup>

<sup>1</sup>difference in binge drinking rate significant at p <0 .05

**Summary of Risk to Adults:**

While finding a good estimate of the binge drinking rate for adults in La Crosse County is difficult, the estimate is **between 18 and 35%**. Wisconsin’s rate of binge drinking is the highest in the nation, and leads to many significant health and economic consequences outlined below.

## Medical Care for Alcohol-Related Injuries

Excess and risky alcohol use can lead to an increase in injury requiring medical attention in emergency room visits and possible hospital admissions. According to the Wisconsin Epidemiological Profile of 2010, La Crosse County had the 7<sup>th</sup> highest alcohol-related hospitalization rate in the state. In 2007-2008, there were 1,127 alcohol-related hospitalizations per 100,000 people. Wisconsin, on average, had 880 alcohol-related hospitalizations per 100,000 population. They estimated hospital charges for the state of Wisconsin topped **\$1.03 billion in 2008**, excluding physician and ancillary charges.

To examine this issue further, data were obtained from E (external cause - Injury) Codes for both emergency room (ER) visits and inpatient admissions from the two hospital systems in La Crosse. La Crosse residents are compared to non-residents of La Crosse treated in those facilities. The addition of non-residents is important in capturing the large student population living in La Crosse for a limited number of months each year. Determining the scope and nature of alcohol-related injury visits to the emergency department and admissions is challenging. The scope of the problem is underreported because the system relies upon hospital personnel voluntarily ascertaining whether alcohol was involved in the injury. The definition of an alcohol-related injury in this report was any injury case (as determined by E Codes) that also had a code for alcohol use, abuse, or dependence. Data were obtained from 2009-2011 and was compared to similar data from 2004-2006 in the previous report. See Table 8.

**Table 8. Alcohol-Related Injuries treated in the Emergency Room Visits or Admissions to the Hospital  
2004-2006 compared to 2009-2011**

	La Crosse County Residents		Non-Residents		Total	
	2004-2006	2009-2011	2004-2006	2009-2011	2004-2006	2009-2011
<b>Emergency Room Visits</b>	577/14,663 <b>(3.9%)</b>	399/11,728 <b>(3.4%)</b>	199/6,009 <b>(3.3%)</b>	277/15,918 <b>(1.7%)</b>	776/20,672 <b>(3.8%)</b>	676/27,646 <b>(2.4%)</b>
<b>Inpatient Admissions</b>	512/2,872 <b>(17.8%)</b>	338/2,094 <b>(16.1%)</b>	511/3,121 <b>(16.4%)</b>	524/4,193 <b>(12.5%)</b>	1,023/5,993 <b>(17.1%)</b>	862/6,287 <b>(13.7%)</b>

The number of ER visits and hospitalizations due to *all-causes of injuries* decreased for La Crosse County residents from 2004-06 to 2009-11; however, these numbers (for ER visits and hospitalizations) increased for non-county residents. There were 3,000 fewer emergency room visits for La Crosse county residents in 2009-11, but nearly 10,000 more visits due to injuries from non-county residents during this timeframe. There were also about 900 fewer hospitalizations due to injury for La Crosse County residents, but more than 1000 more hospitalizations for non-county residents. The rate of **alcohol-related ER visits for injuries decreased** for La Crosse County residents from 3.9% to 3.4% between the two study times, and the **rate of inpatient admissions for alcohol-related injuries also declined** from 17.8% of injuries to 16.1%.

When examining the number of alcohol-related injuries treated in the ER for people ages 12-24 years, we found the number for La Crosse County residents decreased by about 100, while the number of non-county residents remained stable between the two timeframes. (See Table 9.) We found a similar pattern for those people ages 25 and over; La Crosse County residents had about 60 fewer ER visits for alcohol related injuries, while there were about 90 more injuries treated for non-county residents. This held true for hospital admissions for alcohol-related injuries as well. There were about 190 fewer hospital admissions (60 fewer for 12-24 year old residents, and 120 fewer for 25 and older residents) but the number for non-county residents remained about the same between the two timeframes. This would

suggest that the **number of alcohol-related injuries requiring medical treatment has decreased** for La Crosse County residents from 2004-2006 to 2009-2011.

**Table 9. Number of Alcohol-Related Injuries Treated in the Emergency Room or Admitted to the Hospital by Age and Residency Status 2004-2006 compared to 2009-2011**

	2004-2006						2009-2011 <sup>3</sup>					
	12-24 Years			25+ Years			12-24 Years			25+ Years		
	La Crosse	Non res.	Total	La Crosse	Non res.	Total	La Crosse	Non res.	Total	La Crosse	Non res.	Total
<b>Emergency Room Visits</b>	179	86	265	398	113	511	74	77	151	325	200	525
<b>Inpatient Admissions</b>	111	127	238	401	384	785	54	109	163	284	415	699

Non res. = Non La Crosse County Resident

As stated above, the accuracy of this data is difficult to discern, as it is dependent on a staff member coding alcohol as a contributing factor. Data obtained from both hospitals was in summary format, so it is not possible to determine if there was an error in any coding. There is no reason to believe that hospital staff members would be less likely to code alcohol in 2009-2011 compared to 2004-2006. The decline in the number of ER visits and hospital admissions (regardless of alcohol status) follows a trend. We compared the number of injuries reported by our hospital systems to published state data. In 2011, the Injury Research Center at the Medical College of Wisconsin released the 2011 Burden of Injury Report summarizing data for 2007-2009 ER visits and hospital admissions for injury. When trended, the total number of ER visits and admissions for La Crosse County residents did show a decline (Table 10). We therefore feel confident that the decline in our alcohol-related injuries rates for La Crosse County residents was real.

**Table 10. All Injuries Treated in the Emergency Room or Admitted to the Hospital La Crosse County Residents Only, All Ages**

	2004-2006 <sup>1</sup>	2007-2009 <sup>2</sup>	2009-2011 <sup>3</sup>
<b>Emergency Room Visits</b>	14,663	12,096	11,728
<b>Inpatient Admissions</b>	2,872	2,165	2,094

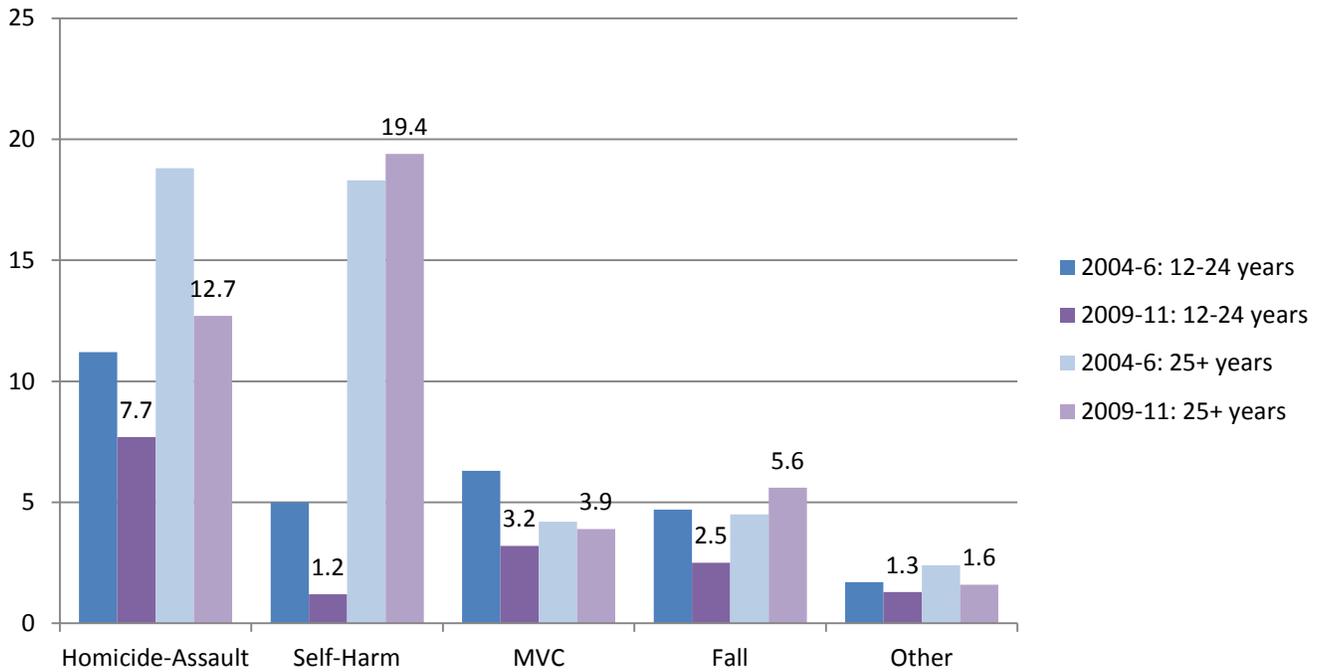
<sup>1</sup>From Alcohol Related Injury and Death in La Crosse County – June 2008

<sup>2</sup>From The Burden of Injury in Wisconsin – Fall 2011

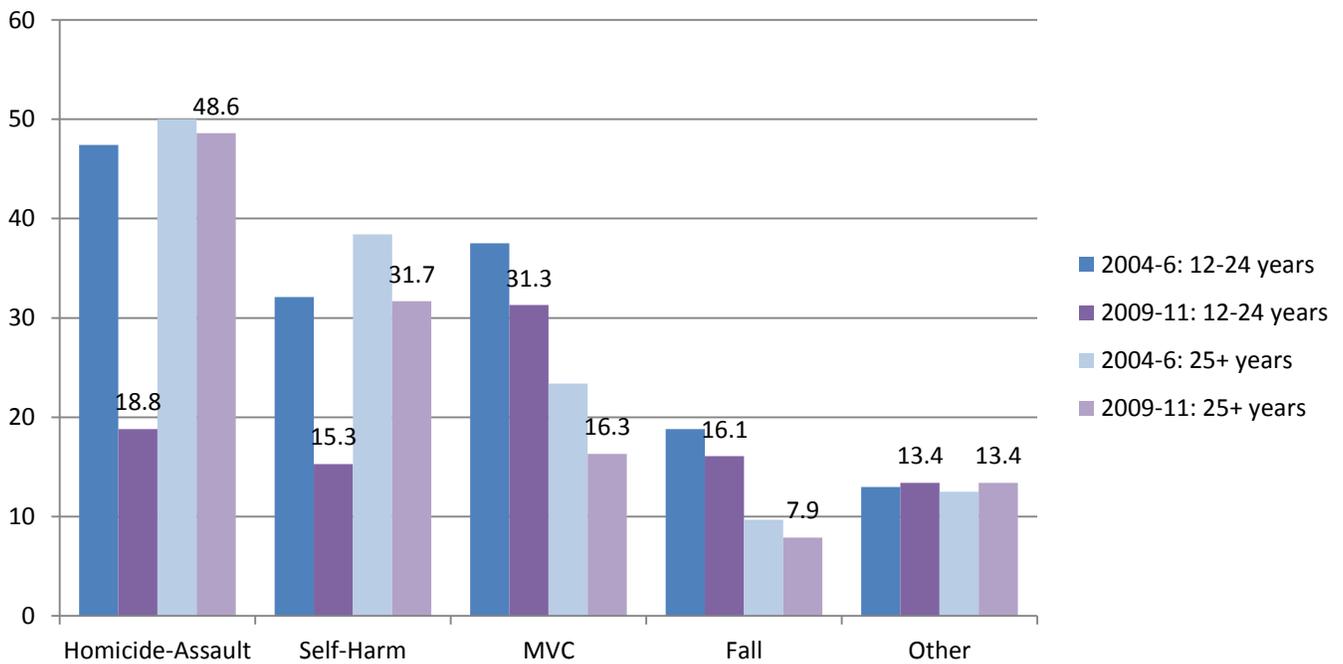
<sup>3</sup>From the current report

Figures 11 and 12 examine the type of injury for La Crosse County residents treated in the emergency room between the two study time periods. For all causes, the rate of injuries that were alcohol-related declined for persons 12-24 years old. The rate of alcohol-related injuries also declined for those ages 25 and older, except emergency room visits for self-harm. In 2004-2006, 18.3% of self-harm ER visits were alcohol related, and in 2009-2011, 19.4% of self-harm ER visits were related to alcohol.

**Figure 11. Percent of Emergency Room Visits for Injury that were Coded as Alcohol-Related by Year and Age - La Crosse County Residents**



**Figure 12. Percent of Hospital Admissions for Injury that were Coded as Alcohol Related by Year and Age - La Crosse County Residents**



The difference in the rate of hospital admissions for self-harm that were alcohol-related showed a decline over the two timeframes for both age groups. The rate of admissions for alcohol-related homicide-assaults declined little for those ages 25 and over between 2004-2006 and 2009-2011. In 2009-2011, nearly half of all admissions for homicide-assault were alcohol-related. For those persons ages 12-24 years, one-third of hospitalizations for motor vehicle crashes (MVCs) were alcohol-related (10 out of 32). The main injury-related reason for those ages 12-24 years to be hospitalized was for suicide-self-harm. In this age group 15% were alcohol-related (26 out of 170).

***Summary of Alcohol-Related Injuries:***

The rate of alcohol-related injuries treated in the emergency room or requiring a hospital admission appears to have **declined** for La Crosse County residents since the previous report. The rate of ER visits for injuries that were alcohol-related went from 3.8% of injuries to 2.4%, and the rate of hospital admissions for injuries that were alcohol related declined from 17.1% to 13.7%. Declines were seen for those at highest risk, 12-24 year old residents, but also for those over the age of 25 years. Direct costs of these injuries were not available for La Crosse County; however state estimates for costs of hospitalization in 2008 were over **\$1 billion**.

## Motor Vehicle Crashes

While some motor vehicle crash (MVC) information is available in the hospital and emergency room utilization information in the previous section, alcohol-related MVC can also be detailed through the Wisconsin Crash Outcome Data Evaluation System (CODES). CODES data are a probabilistic linkage between crash data and hospital inpatient and emergency department data. Data included in this section represent alcohol use among drivers of cars and trucks only for the combined years of 2008-2010, for which both hospital and emergency department linked data are available. There are some limitations to a linked data set. Approximately 20% of all crash-related hospitalizations are missing from the data set. These unlinked cases result in an underestimate of the total crash injury burden.

Overall, **2.9%** of La Crosse County crashes involved alcohol use by the driver, as compared to 3.5% of crashes in all other Wisconsin counties during 2008-2010. (See Table 11.) This is a decrease from the rates reported in the first burden report, where we reported that 3.9% of La Crosse County crashes involved alcohol use by the driver compared to 4.3% of crashes in all other counties. From 2002-2004 there were 549 MVC involving alcohol in La Crosse County. From 2008-2010 there were 413 such crashes, representing a **25% decline in MVCs involving alcohol**. Overall, Wisconsin's rate of alcohol related MVC decreased 37% from 2000 to 2008. (Wisconsin Epidemiological Profile, 2010).

**Table 11. Motor Vehicle Crashes Involving Alcohol by Age  
La Crosse County compared to all other WI Counties, 2002-2004 versus 2008-2010**

Age (years)	La Crosse County		All other WI Counties	
	2002-2004	2008-2010	2002-2004	2008-2010
<b>16-24</b>	4.6% (206/4517)	4.2% (164/3920)	5.5%	4.6%
<b>25-44</b>	5.6% (249/4428)	3.9% (154/3916)	5.7%	4.9%
<b>45-64</b>	2.8% (83/2923)	2.2% (71/3288)	3.2%	3.0%
<b>65-74</b>	1.4% (9/629)	2.3% (15/650)	1.6%	1.3%
<b>75+</b>	0.1% (2/1632)	0.4% (9/2306)	0.3%	0.2%
<b>total</b>	3.9% (549/14080)	2.9% (413/14080)	4.3%	3.5%

Crashes involving alcohol by age is shown in Table 12. In La Crosse County, 40% of all alcohol-related crashes occurred among 16-24 year old drivers, compared to 32% of those in all other Wisconsin counties. Younger drivers are more likely to crash on a local road or state highway, and less likely to crash on a county road or interstate. These crashes are less likely to occur at an intersection, parking lot or on private property (Table 13). This suggests that MVCs when alcohol is involved in this younger age group also involves more speed than MVCs for older adults. Along with increased speed comes a greater risk of incapacitation among these younger drivers (Table 14).

**Table 12. Number and percent of drivers using alcohol involved in a MVC (2008-2010)**

Age (years)	La Crosse County	All other WI counties	TOTAL
<b>16-24</b>	40%	32%	32%
<b>25-44</b>	37%	45%	45%
<b>45-64</b>	17%	20%	20%
<b>65-74</b>	4%	2%	2%
<b>75+</b>	<1%	1%	1%
<b>Total</b>	413 (100%)	19,031 (100%)	19,444 (100%)

**Table 13. Roadway Type and Crash Location When Alcohol Use is Involved, by Age  
2008-2010**

Location	16-24 Years	25+ Years
<b>Roadway type:</b>		
Local Road	55%	46%
County Road	10%	14%
State Highway	34%	35%
Federal Interstate	1%	5%
<b>Location:</b>		
Intersection	21%	36%
Non-Intersection	71%	57%
Parking Lot	5%	4%
Private Property	2%	2%

**Table 14. Injury Extent When Alcohol Use is Involved in MVC  
2008-2010**

	16-24 Years	25+ Years
Fatal	0%	4%
Incapacitating	10%	12%
Potentially Incapacitating	43%	30%
Non-incapacitating	47%	54%

Wisconsin's mortality rate from alcohol-related MVC was higher than the United States rate every year from 2000 to 2008, but dropped below the national rate in 2008 (Figure 13). In La Crosse County, there were 3 alcohol-related MVC fatalities from 2008-2010 compared to 5 deaths from 2002 to 2004; both much lower than the state and national rates (Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010). **Some caution needs to be taken when interpreting these results, as alcohol-related crash rates in 2011 and 2012 appear to be increasing.**

Figure 13. Alcohol-Related Motor Vehicle Crash Deaths per 100,000 Population



Source: Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010

#### **Summary of Motor Vehicle Crashes**

The rate of alcohol-related motor vehicle crashes appears to have **declined by 25%** for La Crosse County residents since the previous report. **Alcohol was involved in 2.9% of crashes** in La Crosse County in 2008-2010. Crashes are more likely to occur among the youngest, most inexperienced drivers. These drivers are also more likely to crash on local or state highways with poorer conditions and higher speeds, leading to higher incapacitation. Despite this, the alcohol-related MVC crash fatality rate for La Crosse County is lower than the state's rate, which is also declining.

## Deaths Likely Due to Alcohol – La Crosse County Residents

Alcohol use contributes to many different causes of deaths. The Centers for Disease Control and Prevention (CDC) have identified 63 chronic and acute conditions that are related to alcohol mortality. This information has been applied to mortality data at the state level to produce an alcohol-attributable death rate for La Crosse County from 2000-2008 of **16.9 per 100,000** population. This is lower than the state average of 18.6 per 100,000 and lower than the rate for 34 of the 72 Wisconsin counties. (Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010).

Alcohol use contributes to 100% of liver cirrhosis deaths (alcoholic liver disease). As described in the injury section above, alcohol contributes significantly to injury and injury deaths, especially in the young. The CDC has estimated that nearly 50% of MVCs for males ages 20-34 can be attributed to alcohol (“alcohol attributable fraction”). About 50% of homicides and 23% of suicides can also be attributed to alcohol. (CDC – ARDI). Thus we examined the causes of death with a specific focus on injury deaths over time as a proxy for any changes in death that may be alcohol-related. The number of deaths to La Crosse County residents occurring from 2003-2006 compared to 2007-2010 are shown in Table 15. This data is based on death certificate information reported to the *county and state of residence, regardless* of where the death occurred. The number of total injury deaths increased from 189 to 235, a **24% increase**. The number of deaths from alcoholic liver disease also increased from 20 to 30 deaths between these two time frames, a **50% increase**.

**Table 15. La Crosse County Resident Number of Deaths, 2003-2006 compared to 2007-2010**

	2003-2006					2007-2010				
	0-14	15-24	25-64	65+	Total	0-14	15-24	25-64	65+	Total
Accident (unintentional)	11	9	51	67	138	9	13	60	87	169
Intentional self-harm (suicide)	0	7	30	9	46	1	9	42	10	62
Assault (homicide)	0	3	2	0	5	1	1	0	2	4
<b>TOTAL INJURY DEATHS</b>	<b>11</b>	<b>19</b>	<b>83</b>	<b>76</b>	<b>189</b>	<b>11</b>	<b>23</b>	<b>102</b>	<b>99</b>	<b>235</b>
All cancers	2	3	229	555	789	1	2	224	583	810
Diabetes	0	2	20	54	76	0	0	28	60	88
Congenital malformations	6	1	6	5	18	14	0	8	2	24
Heart disease	1	0	114	728	843	1	0	101	593	695
Influenza/pneumonia	0	0	6	98	104	0	2	8	98	108
<b>Alcoholic Liver Disease</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>8</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>8</b>	<b>30</b>
Other causes	21	4	177	1248	1451	14	10	193	1462	1679
<b>ALL CAUSES</b>	<b>41</b>	<b>29</b>	<b>647</b>	<b>2772</b>	<b>3489</b>	<b>41</b>	<b>37</b>	<b>686</b>	<b>2905</b>	<b>3669</b>

Source: WISH

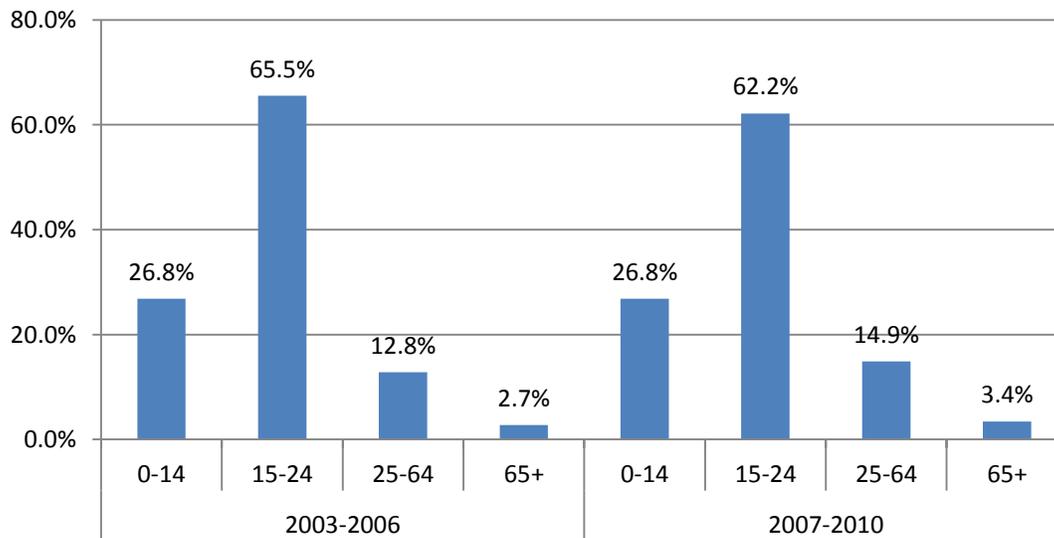
Table 16 compares death rates for these causes. The death rate for alcoholic liver disease went down for the 65+ age group, but increased in the 25-64 year age group. The biggest increase in injury death rates was seen in the 25-64 and 65+ age groups, for which alcohol is less of a contributor to the overall cause of death. Figure 14 illustrates the extent of injury deaths among all deaths.

**Table 16. La Crosse County Resident Death Rates<sup>1</sup> per 100,000  
2003-2006 compared to 2007-2010**

	2003-2006				2007-2010			
	0-14	15-24	25-64	65+	0-14	15-24	25-64	65+
Accident (unintentional)	13.99	10.16	23.54	121.50	11.24	14.55	26.66	147.41
Intentional self-harm (suicide)	0.00	7.90	13.85	16.32	1.25	10.08	18.66	16.94
Assault (homicide)	0.00	3.39	0.92	0.00	1.25	1.12	0.00	3.39
<b>TOTAL INJURY DEATHS</b>	<b>13.99</b>	<b>21.45</b>	<b>38.31</b>	<b>137.82</b>	<b>13.73</b>	<b>25.75</b>	<b>45.32</b>	<b>167.74</b>
All cancers	2.54	3.39	105.69	1006.46	1.25	2.24	99.54	987.78
Diabetes	0.00	2.26	9.23	97.93	0.00	0.00	12.44	101.66
Congenital malformations, etc	7.63	1.13	2.77	9.07	17.48	0.00	3.55	3.39
Heart disease	1.27	0.00	52.61	1320.18	1.25	0.00	44.88	1004.73
Influenza/pneumonia	0.00	0.00	2.77	177.72	0.00	2.24	3.55	166.04
<b>Alcoholic Liver Disease</b>	<b>0.00</b>	<b>0.00</b>	<b>5.54</b>	<b>14.51</b>	<b>0.00</b>	<b>0.00</b>	<b>9.78</b>	<b>13.55</b>
Other causes	26.71	4.51	81.69	2263.17	17.48	11.20	85.76	2477.08
<b>ALL CAUSES</b>	<b>52.16</b>	<b>32.73</b>	<b>298.61</b>	<b>5026.84</b>	<b>51.19</b>	<b>41.42</b>	<b>304.83</b>	<b>4921.98</b>

Source: WISH <sup>1</sup> Rate was calculated by # deaths/population size x 100,000. Population size was the sum of the population in that age group for the 4 years combined.

**Figure 14. Percent of deaths due to Injury  
2003-2006 Compared to 2007-2010**



Source: WISH

**Summary of Deaths Likely Due to Alcohol**

According to Wisconsin statistics, La Crosse County ranks in the middle of counties for alcohol-related mortality. The rate of **all** injury-related deaths has **increased** from 2003-2006 to 2007-2010 for La Crosse County residents; however, this increase occurred in the age group least likely to be affected by alcohol. The rate of deaths from liver cirrhosis **increased** in 25-64 year old adults by 50%.

## Deaths Due to Alcohol – Deaths Occurring in La Crosse County

Data in the previous section examined all deaths occurring among La Crosse County residents, including those likely due to alcohol-related reasons. However, many of these deaths could have occurred outside La Crosse County. Because the environment can affect the risk to the person, data from the La Crosse County Medical Examiner’s office was examined to look at all deaths *occurring in La Crosse County* when alcohol was involved. The La Crosse County Medical Examiner’s office is required under Wisconsin Code Chapter 979 to investigate all deaths in which there are unexplained, unusual or suspicious circumstances: homicides, suicides, poisoning, accidents where injury is not the primary cause of death, or when the person was not under a physician’s care within 30 days of death.

In the previous Burden Report, we examined deaths among those aged 15-24 years only. Additional ages were gathered on deaths investigated for 2008-2011 and are compared in Table 17.

**Table 17. Alcohol-Related Deaths Occurring in La Crosse County  
2004-2007 compared to 2008-2011<sup>1</sup>**

	2004-2007 (N=14)		2008-2011 (N=92)		Total
	15-24	15-24	25+		
<b>Age:</b>					
<b>15-24</b>	14	4	-		4 (4%)
<b>25-64</b>	NA	-	71		71 (77%)
<b>65+</b>	NA	-	17		17 (18%)
<b>Gender</b>					
<b>Male</b>	12	4	60		64 (70%)
<b>Female</b>	2	0	28		28 (30%)
<b>Cause of death</b>					
<b>Motor Vehicle Crash/Pedestrian</b>	6	1	8		9 (10%)
<b>Drowning</b>	4	1	0		1 (1%)
<b>Fall</b>	1	0	3		3 (3%)
<b>Suicide</b>	2	0	7		7 (8%)
<b>Gunshot</b>	0	1	0		1 (1%)
<b>Hypothermia</b>	1	0	1		1 (1%)
<b>Alcohol Poisoning</b>	0	1	12		13 (14%)
<b>Chronic Abuse</b>	0	0	56		56 (61%)
<b>Undetermined</b>	0	0	1		1 (1%)
<b>Multiple drugs involved</b>	1	0	5		5 (5%)
<b>Blood alcohol concentration (BAC) range</b>	0.15 to 0.32	0.125-0.80	0.125-0.80		0.125-0.80
<b>TOTAL</b>	<b>14</b>	<b>4</b>	<b>88</b>		<b>92</b>

<sup>1</sup>Note: 2004-2007 included data for only those ages 15-24 years; whereas 2008-2011 included data for all ages.

The number of deaths examined by the Medical Examiner’s office related to alcohol has grown dramatically over the past decade. The number of alcohol-related deaths of people ages 15-24 years for the years 2008-2011 (n=4) **was much lower** than 2004-2007, when we reported 14 deaths. There has been **only one alcohol-related drowning since 2007**.

Of concern is the number of persons from 2008-2011 that died from **chronic alcohol abuse**. Of these 56 cases, the average age was 58.3 years; 20 were female, 36 were male. In fact, most females that died from alcohol-related issues

during this timeframe died from chronic alcohol abuse, rather than by suicide (n=3), accidents (n=3) or poisoning (n=2). Additionally, there were 13 deaths from alcohol poisoning. The average age of these people was 48.6 years. For most, their BAC was 0.32 to 0.78. These people were most likely suffering from chronic alcohol abuse as well.

The number of cases reviewed by the medical examiner involving alcohol was 17 in 2008, 24 in 2009 and 2011, and 27 in 2010. This averages out to approximately **2 deaths per month**. Most of these deaths have been occurring and have not attracted significant media attention. In the first 4 months of 2012, 14 deaths were found to be alcohol-related. If this trend continues, 2012 could have over 40 alcohol-related deaths. Another concern is the increase in deaths where alcohol was **combined with other illicit drugs**. There was 1 death in 2010, 3 deaths in 2011, and in the first four months of 2012 there were 5 deaths from alcohol combined with other drug intoxication.

#### ***Summary of Deaths Due to Alcohol- Deaths Occurring in La Crosse County***

The rate of alcohol-related deaths in **15-24 year old** adults has **decreased substantially** from 2004-2007, in which there were 14 deaths compared to **4 deaths from 2008-2011**. There has been only **1 alcohol-related drowning since 2007**. Unfortunately, alcohol played a significant role in the deaths of many people in La Crosse County suffering from **chronic alcohol abuse**. These deaths tend to go unreported in the media. The first few months in 2012 suggest a significant increase in the number of alcohol-related deaths and a significant trend toward **alcohol in combination with other drugs**.

## Burden to the Community

This section will describe how the use of alcohol among people living in our community affects other aspects of our community such as crime to persons and property.

### Alcohol-Related Citations

Alcohol-related citation data were gathered for the City of La Crosse from the police department and compared to information from the previous burden report. Due to the dissimilar nature of reporting systems across the county, there was no way to gather or compare this level of detail from other municipalities in the county. The previous report covered citations from January 2006 until August 2007 for the City of La Crosse only. The number of citations in which alcohol was a factor has declined substantially over time, decreasing each year (Table 18). This could be explained by a change in how alcohol is coded on these citations, due to staff availability to enforce and investigate violations, or by a true decrease in the occurrence of these events. See below for an additional discussion on the trends in other crimes and arrests.

**Table 18. Alcohol-Related Citations- City of La Crosse, 2006-07 compared to 2009-2011**

1/2006-8/2007	2009	2010	2011
4,036	2,223	1,495	1,335

**Table 19. Alcohol-Related Citations - City of La Crosse  
By age and gender**

Age	1/2006-8/2007			2009-2011		
	Female	Male	Total	Female	Male	Total
<b>17-20</b>	1,004 (40%)	1,529 (60%)	2,533 (63%)	1,228 (37%)	2,091 (63%)	3,319 (66%)
<b>21-24</b>	135 (23%)	458 (77%)	593 (15%)	181 (27%)	479 (73%)	660 (13%)
<b>25-64</b>	221 (25%)	674 (75%)	895 (22%)	268 (26%)	778 (74%)	1,046 (21%)
<b>64+</b>	3 (20%)	12 (80%)	15 (<1%)	4 (14%)	24 (86%)	28 (<1%)
<b>Total</b>	1,363 (34%)	2,673 (66%)	4,036	1,681 (33%)	3,372 (67%)	5,053

Table 19 shows the age and gender of those involved in the alcohol-related citations, overall. The majority (66%) of citations are for those 17-20 years of age. Females in this age group are also more likely to be cited than females in any other age group, although the percent of citations for females in this age group has declined since the previous report. Table 20 includes the type of citation by age and gender. Underage violations account for 65% of the citations issued in the City of La Crosse; 37% of underage violations were among females. Over 25% of all citations were for operating a vehicle while intoxicated; 26% of these were among females. There were 146 public intoxication violations and 2 keg registration violations from 2009-2011, down from rates in 2006 to August 2007 (if the rates were annualized).

**Table 20. Type of Alcohol-Related Citation - City of La Crosse,  
2006-2007 compared to 2009-2011**

Statue description	2006-2007	2009-2011						Total
		Gender		Age				
		Female	Male	17-20	21-24	25-64	65+	
<b>Underage Violations</b>	<b>2694 (67%)</b>	<b>1222</b>	<b>2066</b>	<b>3094</b>	<b>129</b>	<b>64</b>	<b>1</b>	<b>3288 (65%)</b>
Underage alcohol/liquor violation – 1 <sup>st</sup> offense		814	1209	2002	10	11	0	2023
Underage alcohol/liquor violation – 2nd offense		137	221	357	1	0	0	358
Underage alcohol/liquor violation – 3rd offense		24	56	79	1	0	0	80
Underage alcohol/ liquor violation – 4th offense		4	16	20	0	0	0	20
Underage alcohol – 5th offense		3	7	9	1	0	0	10
Underage drinking – procures (purchase)		39	98	135	2	0	0	137
Underage possession/Consumption		24	117	139	2	0	0	141
Sale of alcohol/beer/malt beverage to an underage person		64	171	84	101	49	1	235
Identification card violation/False ID		103	146	234	11	4	0	249
Violate Absolute Sobriety Law		10	25	35	0	0	0	35
<b>Intoxication violations</b>	<b>1189 (30%)</b>	<b>442</b>	<b>1267</b>	<b>510</b>	<b>513</b>	<b>962</b>	<b>24</b>	<b>1709 (34%)</b>
Operating While Intoxicated	908	359	922	144	362	758	17	1281
Public Consumption	205	39	182	51	109	60	1	221
Public Intoxication	50	29	117	0	29	113	4	146
Cause Injury while Intoxicated		9	21	3	7	18	2	30
Operating with detectable amount of restricted substance		6	25	12	6	13	0	25
<b>Other Violations</b>	<b>92 (2%)</b>	<b>17</b>	<b>39</b>	<b>18</b>	<b>16</b>	<b>18</b>	<b>4</b>	<b>56 (1%)</b>
No Bartenders License		12	10	3	6	12	1	22
Fermented Malt Beverage License		0	9	4	3	1	1	9
Keg Registration License	17	0	2	0	2	0	0	2
Liquor License Violation/Open After Hours		2	13	4	4	5	2	15
Other (Minor on Premise/Underage Present)		1	3	4	0	0	0	4
Bartender Consuming While on Duty		2	2	3	1	0	0	4

To determine if rates in the City of La Crosse were truly declining or being underreported, grouped statistics for all municipalities in La Crosse County and the state were obtained from the Wisconsin Office of Justice Assistance (OJA). The OJA Statistical Analysis Center, is a collection of crime data reported by Wisconsin law enforcement agencies. The accuracy is dependent upon reporting. Table 21 illustrates two specific alcohol-related arrests, driving-while-intoxicated

(DWI) and liquor law violations by police jurisdiction and for the state for 2007-2010. The state saw an overall decline in DWI arrests of 17% and a 28% decrease in liquor law violations over the 4 years. La Crosse County statistics indicated a **7% decline** in DWI arrests and a **35% decline** in liquor law violations from 2007 to 2010. Within the county, liquor law violations in the City of Onalaska have **nearly doubled** over the four years from 87 in 2007 to 163 in 2010. Liquor law violations have also increased on UW-La Crosse's campus. All other crimes and arrests including violent and property crimes are also on a decline in the county and in the state from 2007 to 2010 (data not shown). Thus, the decrease in the number of citations in which alcohol was involved is probably a true decline, as seen by a decrease in all other jurisdictions within La Crosse County and across the state.

**Table 21. Alcohol-Related Arrests in La Crosse County by Jurisdiction Compared to State Arrests 2007-2010**

	Driving While Intoxicated				Liquor Law Violation			
	2007	2008	2009	2010	2007	2008	2009	2010
<b>Bangor</b>	4	8	6	0	0	2	5	3
<b>Campbell</b>	26	17	12	10	29	22	24	24
<b>Holmen</b>	12	11	21	12	36	45	46	17
<b>County Sheriff</b>	77	179	146	147	137	112	156	138
<b>La Crosse</b>	506	439	458	400	1835	1789	1353	788
<b>Onalaska</b>	92	106	126	84	87	121	138	163
<b>UW-La Crosse</b>	16	23	23	23	278	258	316	441
<b>West Salem</b>	12	20	15	15	15	2	0	1
<b>County total</b>	<b>745</b>	<b>803</b>	<b>807</b>	<b>691</b>	<b>2417</b>	<b>2351</b>	<b>2038</b>	<b>1575</b>
<b>State total</b>	42941	41736	40446	35577	43996	41958	37803	31768

Source: <http://oja.state.wi.us/>

***Summary of Alcohol-Related Citations occurring in La Crosse County***

The number of alcohol related citations occurring in the county of La Crosse has declined from 2007 to 2010. DWI arrests have **declined by 7%** from 2007 to 2010, and liquor law violations have **declined by 28%**. This decline has been seen in most all municipalities within the county, with the exception of **Onalaska and the UW-La Crosse campus**. Underage consumption is approximately 65% of all alcohol-related citations. Females that are aged 17-20 are more likely than females of any other age-group to receive a citation.

## Estimate of the Cost of Alcohol-Related Problems

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*This section will describe the cost of managing alcohol-related problems among people living in our community. As described above in the section on medical care for alcohol-related injuries, the cost of treating alcohol-related hospitalizations for the state of Wisconsin in 2008 exceeded \$1.03 billion. Costs for La Crosse County are not available for this. Other costs to the individual and to society include the cost of a underage consumption or DUI/DWI citation, and the cost of a motor vehicle crash.*

### **Estimated Cost of an Underage Drinking Ticket**

The cost of an underage drinking ticket depends on where the ticket is given and if it is a first offense or if there have been multiple offenses. Many municipalities set their own fines. In many municipalities the first offense is over \$200 and increases up to \$1,200 for a fourth offense within a year. These are for youth aged 17-20 years. For those under age 17 it may be a little lower. The Wisconsin Bond Book for County and State Agencies lists the fine as starting at \$249.00 for the first offense, and up to \$753.00 for a fourth or more within a year. A driver's license will be suspended for up to 3 months, or up to two years if a car was involved as well. Insurance rates for coverage of a youth who has received an underage consumption ticket can be double to even quadruple the cost. Given over 1000 underage violations each year in the City of La Crosse alone, the **total cost of underage violations can range from \$20,000 to \$1.2 million.**

### **Estimated Cost of a DUI/DWI**

The cost of a driving-while-intoxicated (DWI) citation has been estimated to cost between \$5,000 and \$20,000 in direct fees. When indirect fees are included, these costs may add up to much more than that. Several sources reference the cost of a DUI/DWI. Illinois is one of the few states to provide an estimated average cost of \$14,660. That average takes into account lost work time and attorney fees. They indicate that if there were no lost work time or attorney fees, one could expect to pay approximately \$8,660 in direct DUI-related expenses. (TotalDUI, LLC.) Indirect expenses may be in the form of a higher auto insurance rate for several years after a DUI, driver's license reinstatement fees, and substance abuse counseling and education. An ignition interlocking device may also add to the costs.

MSN-Money<sup>3</sup> broke down the cost of a first offense by category, which is shown in Table 22. Costs shown are for first-time DUI offenders, assuming no accident occurred. Costs and penalties are often more severe for a repeat offender or with a blood-alcohol content above 0.15. The Resource Center on Impaired Driving at the University of Wisconsin Law School, estimates costs for a first DWI with no jail time, are subject to a forfeiture of \$150 to \$300, and a \$355 surcharge. Subsequent offenses, second through fourth, are criminal misdemeanor offenses while fifth offenses and above are a felony offense. Fines for subsequent offenses range from \$350 to \$10,000. A felony conviction subjects the person to imprisonment from six months to six years. Misdemeanor DWI sentences are served in the county jail and will range from five days to one year. In addition to the forfeiture or fine, a DWI conviction will include the following expenses (Table 22):

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<sup>3</sup>Available at: <http://money.msn.com/auto-insurance/dui-the-10000-dollar-ride-home.aspx>

**Table 22. Estimated Cost of a DUI/DWI<sup>1</sup>**

	National Cost (range)	Wisconsin estimate
<b>Bail</b>	\$150-\$2,500	
<b>Auto Towing &amp; impoundment</b>	\$100-\$1,200	\$50 + \$10-\$15/day
<b>Insurance (3-5 years)</b>	\$4,500	\$2,500
<b>Legal fees</b>	\$2,000-\$25,000	\$3,000-\$7,000
<b>Fines</b>	\$300-\$1,200	
<b>Alcohol evaluation and education</b>	\$150-\$2,000	\$400-\$600
<b>License reinstatement fees</b>	\$95-\$250	\$50-\$60
<b>Total</b>	\$7,295-\$36,650	\$6,000-\$10,500

<sup>1</sup> National estimates are from MSN Money, Wisconsin estimates are from the UW-Law School

Other possible consequences:

- Life insurance premiums can rise.
- Lost time means lost pay. People who get DUIs report missing a lot of work (and therefore losing a lot of income) as a result of court dates, community service and sometimes a jail sentence.
- Lose the license, maybe lose the job. For many people who drive to and from work -- not to mention those who drive as part of their work -- losing a license can be devastating.
- It's not good for the résumé. A DUI lingers on a criminal record for employers to see if they do a background check, possibly harming future job prospects.

Given approximately 760 DWI arrests in the county each year (average number for 2007-2010), **the cost of DWI arrests to La Crosse County residents totals from \$4.56 million to \$8 million.**

### **Estimated Cost of an Alcohol-Related Motor Vehicle Crash**

Research shows that alcohol-related crashes cost the public an estimated \$114.3 billion annually—this includes \$51.1 billion in monetary costs and an estimated \$63.2 billion in quality of life (Taylor, Miller, and Cox, 2002). According to the Pacific Institute for Research and Evaluation (PIRE) Institute, the average alcohol-related **fatality** in the United States costs **\$3.5 million**: \$1.1 million in monetary costs and \$2.4 million in quality of life losses. The estimated **cost per injured survivor** of an alcohol-related crash averaged **\$99,000**: \$49,000 in monetary costs and \$50,000 in quality of life losses (PIRE). In La Crosse County, there were 3 alcohol-related crash fatalities from 2008-2010. Additionally, there were 58 alcohol-related hospitalizations and emergency room visits during this time. Using the estimates above, the total cost of an alcohol-related MVC (fatalities and injuries) for La Crosse County residents is **\$5.4 million per year** (\$16.2 million for 3 years).

#### ***Summary of Cost of Alcohol Related Problems***

The cost of the alcohol-related problems of underage drinking or driving-while-intoxicated citations, and for motor vehicle crashes for La Crosse County residents for one year ranges **from \$10 million to \$14.6 million per year**. This does not count emergency room visits or hospitalizations for other alcohol-related injuries, or other alcohol-related citations and crime, nor does it count for the cost of treatment of chronic alcohol abuse.

# Assets in the Community – Our Ability to Address the Problem

## Existing Community Resources:

Alcohol issues have been identified as a concern for La Crosse and surrounding communities in all four previous COMPASS Now Community Needs Assessments dating back to 1995. In the most recent assessment published in 2012, in addition to documenting the concern of alcohol abuse and misuse in the region, COMPASS Now identified community resources working on the issue.<sup>4</sup> Table 23 shows the agencies and organizations and those services provided which range from primary prevention initiatives to treatment and support of alcohol addictions.

**Table 23. Agencies and Services Provided to Address the Alcohol Issue  
in La Crosse and Surrounding Communities**

<b>Agency/Organization Name:</b>	<b>Services provided:</b>
<b>Great Rivers 211</b>	Crisis intervention, Information and Referral
<b>Changing the Culture of Risky Drinking Behavior Coalition</b>	Activities focused on the prevention of binge drinking, underage access, environmental change and policy coalition
<b>Concerned Citizens for a Safer La Crosse</b>	Citizens group focused on advocacy and prevention of alcohol-related accidents
<b>La Crosse Prevention Network</b>	Activities focused on the prevention of underage access to alcohol
<b>Tri-Campus/Safe La Crosse</b>	Coordination of alcohol prevention issues on all three college campuses. Coordination of La Crosse’s River Watch to keep Riverside Park safe
<b>Safe Ride</b>	Providing a safe and convenient ride between downtown La Crosse and the 3 college campuses
<b>CESA #4 (Cooperative Educational Service Agency): A Guide For Parents About Alcohol, Tobacco, And Other Drugs</b>	Education/prevention
<b>Local Police and Sheriff Departments</b>	Conduct compliance checks, party patrols, alcohol interdiction stops, DARE & ACE Team
<b>Coulee Council On Addictions</b>	Education, support groups, drop-in center, counseling/treatment
<b>Gundersen Lutheran Behavioral Health: Outpatient Substance Abuse Treatment, Unity House, Changes (Adolescent Treatment), Perinatal Treatment</b>	Outpatient treatment for adolescents and adults, residential treatment for adults, supportive services for families
<b>Mayo Clinic Health System – Franciscan Healthcare - Behavioral Health Services, Outpatient Counseling, Scarseth House, Women’s Laar House, Villa Success</b>	Education/prevention, counseling/treatment, crisis intervention, recovery/halfway house, residential treatment
<b>Hiawatha Valley Mental Health Center</b>	Outpatient counseling, drop-in services, education and prevention, crisis intervention services
<b>Coulee Youth Centers, Inc.: Changing Times; AODA Counseling Services; Hope House/Cope House/Options House</b>	Treatment services, recovery, halfway house, housing
<b>Counseling And Testing Center – University Of Wisconsin - La Crosse</b>	Education/prevention, counseling
<b>Viterbo University</b>	Counseling
<b>LGBT Resource Center For The Seven Rivers Region, Inc.</b>	Support groups
<b>Alcoholics Anonymous (AA)</b>	Alcohol abuse education and support group

<sup>4</sup> See [www.COMPASSnow.org](http://www.COMPASSnow.org)

<b>AIDS Resource Center of Wisconsin – La Crosse, AODA Outpatient Treatment</b>	Outpatient alcoholism treatment for people with AIDS
<b>YWCA of the Coulee Region, Ruth House</b>	Sober living home for women who are recovering alcoholics
<b>Johnson Counseling And Consulting</b>	Outpatient counseling and crisis intervention services
<b>River Valley Integrated Health Center - Veterans Affairs Medical Center</b>	Support groups
<b>Human Development Associates</b>	Counseling
<b>Partners In Empowerment/Recovery Resources</b>	Drop-in services (recovery-based information and fellowship center)
<b>Innerchange Counseling</b>	Counseling
<b>OXFORD HOUSE Recovery/Halfway House For Men</b>	Recovery/halfway house for men
<b>Ho-Chunk Nation Health Care Center-Black River Falls and Three Rivers House</b>	Education/prevention, crisis intervention, counseling, substance abuse intervention program
<b>La Crosse Area Intergroup (AA)</b>	Planning/advisory group on drug abuse issues, education/prevention
<b>Scenic Bluffs Community Health Center</b>	Education/prevention, counseling
<b>La Crosse County Human Services Department</b>	Intake/assessment for alcohol abuse
<b>Veterans Affairs Medical Center – Tomah Chemical Abuse Programs</b>	Inpatient, outpatient, residential and day treatment programs for alcohol abuse
<b>Lutheran Social Services of Wisconsin and Upper Michigan, Inc., Wazee House</b>	Alcohol-related recovery home for adult men
<b>Viroqua Healing Arts Center</b>	Substance abuse screening and counseling
<b>Counseling Clinic- La Crescent</b>	Education/prevention, outpatient counseling
<b>Common Ground Consulting</b>	Crisis Intervention
<b>Great River Counseling</b>	Alcoholism counseling
<b>Sunrise Recovery Center</b>	Sober living home for recovering alcoholics

Source: Great Rivers 211

### ***Summary of Existing Community Resources***

The inventory of existing community resources to address alcohol issues covers a wide range of prevention, treatment and recovery services. Making significant progress on the burden of alcohol in our community requires the engagement of all of our community's resources.

## **Policy Assessment**

The Community Anti-Drug Coalitions of America (CADCA) released a report, Strategizer 54, A Community's Call to Action: Underage Drinking and Impaired Driving. Developed in partnership with Mothers Against Drunk Driving (MADD) and the National Highway Traffic Safety Administration (NHTSA), Strategizer 54 provides the latest facts, strategies and resources that coalitions can use to address these issues in their communities. It is meant to help prevention practitioners create multi-layered prevention and inter-vention strategies to curb underage drinking among teens and to prevent impaired driving among young adults aged 21-24. A Checklist of Policy Indicators for Alcohol, Tobacco, and Other Drugs from this report was used as a beginning inventory of public and organizational policies to address

underage and overconsumption in La Crosse and surrounding municipalities (Table 24). From this, additional inventory and prioritization can be made regarding strategic initiatives to address underage and over consumption.

**Table 24. Inventory of Policies for La Crosse County Municipalities based on the Checklist of Policy Indicators for Alcohol, Tobacco, and Other Drugs**

	City of La Crosse	City of Onalaska	Village of Holmen	Village of West Salem
<b>ALCOHOL Public Policies</b>				
<b>Excise Taxes</b>	Yes	Yes	Yes	Yes
<b>Limits on hours or days of sale</b>	Yes with the exception that on New Year’s Eve the bar does not have to close			
<b>Restrictions of density, location, or types of outlets</b>	No	No	No	No
<b>Mandatory server training and licensing</b>	No	No	No	No
<b>Dram shop and social host liability</b>	No	No	No	No
<b>Restrictions on advertising and promotion</b>	No	No	No	No
<b>Mandatory warning signs and labels</b>	No	No	No	No
<b>Restrictions on consumption in public places</b>	Yes	Yes	Yes	Yes
<b>Minimum bar entry age</b>	No, but there are restrictions, any underage person may enter a bar or establishment that sells alcohol with the provision that they are accompanied by a parent or legal guardian			
<b>Keg registration/ tagging ordinance</b>	Yes	No	No	No
<b>Compulsory compliance checks for minimum purchase age and administrative penalties for violations</b>	Yes	Yes	Yes	Yes
<b>Establishment of minimum age for sellers</b>	Yes (18)	Yes	Unknown	Unknown
<b>ALCOHOL Organizational Policies</b>				
<b>Restrictions on alcohol advertisements</b>	No	No	No	No
<b>Restrictions on alcohol use at work and work events</b>	Some, Yes	Some, Yes	Some, Yes	Some, Yes
<b>Restrictions on sponsorship of special events</b>	No	No	No	No
<b>Polices walkthroughs at alcohol outlets</b>	No	No	No	No
<b>Undercover outlet compliance checks</b>	Yes	Yes	Yes	Yes
<b>Responsible beverage service policies</b>	Some, Yes	Some, Yes	Some, Yes	Some, Yes
<b>Mandatory checks of age identification</b>	Yes	Yes	Yes	Yes
<b>Server Training</b>	Yes	Yes	Yes	Yes
<b>Incentives for checking age identification</b>	No	No	No	No
<b>Prohibition of alcohol on school grounds or at school events</b>	Yes	Yes	Yes	Yes
<b>Enforcement of school policies</b>	Yes	Yes	Yes	Yes
<b>Establishment of enforcement priorities against adults who illegally provide alcohol to youth</b>	Yes	Yes	Yes	Yes
<b>Sobriety checkpoints</b>	No	No	No	No
<b>Media campaigns about enforcement efforts</b>	No	No	No	No
<b>Safe ride programs</b>	Yes	Yes	Yes	Yes
<b>Identification of source of alcohol consumed prior to driving while intoxicated arrests</b>	No	No	No	No

Source: [www.coalitioninstitute.org/Evaluation-Research/CoalitionAssessmentTools/Checklist-of-PolicyIndicators.doc](http://www.coalitioninstitute.org/Evaluation-Research/CoalitionAssessmentTools/Checklist-of-PolicyIndicators.doc)

### ***Summary of Policy Assessment:***

Having an inventory of current alcohol policies by municipality is important to determine differences between communities. A determination of the most effective strategies, overall support of strategies, and difficulty in implementing strategies would be necessary to determine next steps for prevention for the community.

## **Compliance Studies**

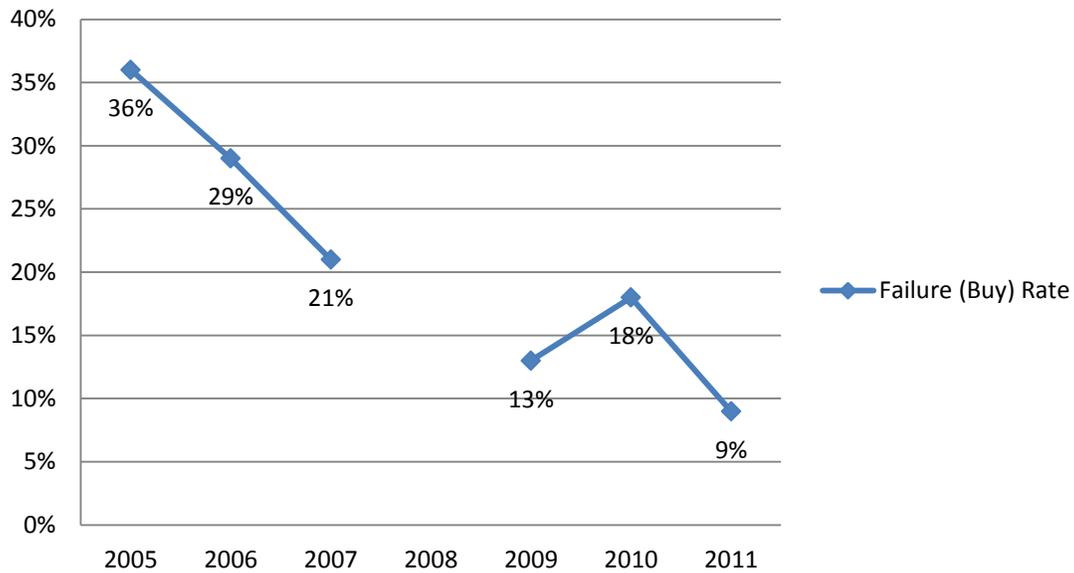
Compliance studies are the most effective method for decreasing sales to underage persons in the community. Several studies show that in communities where there is little or no enforcement, individuals who look younger than age 21 can buy alcohol without showing age identification in 45-50% of their attempted purchases (Toomey et al. 2001). Studies show that compliance checks are effective. Compliance checks encourage alcohol licensees to "police" themselves. Naturally, neither alcohol licensees nor their employees want to be caught selling alcohol to underage persons. Because compliance checks can be used to hold the licensee and employee accountable for illegal sales to youth, they encourage alcohol licensees to adequately train, supervise, and back up their employees.

Generally, compliance checks are implemented by the following procedures:

- Alcohol licensees are informed that compliance checks will occur at various times throughout the year and about potential penalties for selling alcohol to underage youth.
- While an enforcement agent (police officer or other authorized person) waits outside the premises, a person under age 21 attempts to purchase or order an alcoholic beverage.
  - If the alcohol establishment sells alcohol to the young person, the enforcement agent issues a citation either to the seller/server or to the establishment:
    - The police officer may charge the server or seller who sold the alcohol (when compliance checks are used to enforce state laws governing servers and sellers).
    - The officer may issue an administrative citation, which is imposed upon the alcohol license holder rather than the individual server or seller (when compliance checks are used to enforce local administrative ordinances).
  - The police officer may use this as an educational experience and not issue a citation, but talk to the seller/server and owner.

In the City of La Crosse, compliance checks were conducted in 2005-2007, with an average 29% buy (failure) rate. Generally, police officers conducting compliance checks between 2005-2007, were not issuing citations, unless the alcohol outlet or bar was known to be a repeat offender. Typically, the person under age 21 would not produce an ID. In 2009-2011, law enforcement in La Crosse and other municipalities and the County began conducting compliance checks in which the person under age 21 would produce an underage ID. If educational opportunities failed, citations were given for repeat offenders. Compliance check results have improved across the community over the past 3 years (Figure 15).

**Figure 15. Failure (Buy) Rate for Compliance Studies, La Crosse County  
2005-2007 Compared to 2009-2011**



***Summary of Compliance Studies***

Compliance checks are time- and resource-intensive, but are important for reducing underage alcohol consumption. In La Crosse County the ability for persons under the age of 21 to purchase alcohol for retail outlets has decreased substantially since 2005.

**Community Perceptions Towards Strategies to Address the Issues**

In 2009 and again in 2012, a survey was conducted by CESA #4 to examine community members’ perception around alcohol (and other drugs) use and support for strategies to address the issues. Community members in Buffalo, Jackson, La Crosse, Monroe, Trempealeau and Vernon counties were sent a survey in 2009. It was sent to 3600 random households; 692 completed the survey. This same survey was sent to 2400 households in La Crosse County in 2012; 329 were completed. Selected results are summarized below.<sup>5</sup>

Community member’s acceptability of teenagers drinking is very low in general, between 3% and 8% (Table 25.) Occasional and binge drinking of young adults (age 18-20) is more acceptable to community members than teenagers (ranging from 25 to 38%), but this acceptability has decreased from the survey in 2009. Community members in general agreed that binge drinking is more acceptable if people don’t drive afterwards.

<sup>5</sup> For the full report see <http://www.cesa4.k12.wi.us/>

**Table 25. Level of Support for Alcohol Consumption in the Community  
% Agree or Strongly Agree**

<b>It is acceptable for:</b>	<b>2009</b>	<b>2012</b>
<b>Occasional drinking by teenagers</b>	11%	8%
<b>Binge drinking by teenagers</b>	2%	3%
<b>Teenagers to binge drink if they don't drive afterwards</b>	4%	5%
<b>Occasional drinking by 18-20 year olds</b>	46%	38%
<b>Any binge drinking of 18-20 year olds</b>	3%	5%
<b>18-20 year olds to binge drink if they don't drive afterwards</b>	30%	25%
<b>Adults to binge drink if they don't drive afterwards</b>		14%

Respondents were generally more supportive of parents offering alcohol to 18-20 year-old adults than they were to those younger than 18 (their own children or other children, Table 26). Most respondents indicate that it is NOT okay for parents to offer other teenagers alcohol. Overall support for parents supplying alcohol to minors has decreased from 2009 to 2012 (indicating less support for parents supplying alcohol to those not of drinking age.)

**Table 26. Level of Support for Aspects of Parents Supplying Alcohol to Minors  
% Agree or Strongly Agree**

<b>It is acceptable for:</b>	<b>2009</b>	<b>2012</b>
<b>Parents to offer alcohol to a non-relative teenager</b>	1%	2%
<b>Parents to offer alcohol to their own teenager</b>	23%	18%
<b>Parents to offer alcohol to their own 18-20 year old</b>	31%	27%

Community support for law enforcement of illegal or risky alcohol use is generally high (Table 27). Respondents to this survey report being mostly or completely supportive of policies and initiatives that attempt to reduce underage drinking and binge drinking within the community. There was strong support for law enforcement conducting compliance checks for illegal purchasing (89% support), as well as strong support of penalties to adults hosting underage drinking parties (88% support). Eighty percent of respondents were supportive of increasing the penalties for drinking and driving. Less than half of respondents supported a community committee to review alcohol licenses. This item was not included in the survey in 2009 and hasn't had a great deal of discussion in the community.

Overall, 55% of respondents supported an increase in taxes on alcohol, up from 51% in 2009. There was also moderate support for other policies such as an increase the alcohol license fee, regulating the number of alcohol liquor licenses, and increasing regulations on how alcohol is served at bars/restaurants, and at community festivals.

**Table 27. Community Support for Items Relating to Law Enforcement and Alcohol Regulation**  
**% mostly or completely supportive:**

	2009	2012
<b>Law Enforcement and Legal Action</b>		
Conducting retailer compliance checks to prevent the sale of alcohol to teenagers and young adults	94%	89%
Increasing the penalties for adults hosting an underage drinking party (social host ordinance)		88%
Enforcing the minimum drinking age of 21 years	90%	81%
Increasing the penalties on drinking and driving	74%	80%
A community committee to review alcohol license conditions and renewals		47%
<b>Alcohol Regulation</b>		
Increasing taxes on alcohol	51%	55%
Increasing the cost of alcohol license fees if the money went to prevention and treatment		53%
More regulation on how alcohol is served at community festivals		59%
More regulation on how alcohol is served at bars/restaurants		53%
More regulation on the number or location of alcohol licenses		51%

***Summary of Community Perceptions Towards Alcohol Use and Policies***

In general, there is moderate to strong support for strategies to control illegal or risky alcohol use. Some strategies, such as conducting compliance checks, and increasing the penalty for drinking and driving, have had community discussion. Some strategies being adopted in other Wisconsin communities, such as a social host ordinance or an alcohol review board, are newer to community members in La Crosse. Despite this, there is still moderate support for these policies; and a general agreement that underage and binge drinking is not acceptable.

## Technical Specifications/Sources of Data

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